| Category | Criteria Elements | Point Scale | Point Scale | Point Scale |
|--------------------------------|--|-------------|-------------|-------------|
| , | | #1 | #2 | #3 |
| Eligibility Criteria | 1. Lived in a Disproportionately Impacted Area (V) | 100 | 100 | 100 |
| | 1a. How long have you lived in a DIA (6m-5y) = 5pts, (5y-10)= 10pts, (10+years) = 20pts (V) | 20 | 20 | 20 |
| | 2.Convicted of a drug offense (self) | 10 | 18 | 25 |
| | 2a. Convicted of Cannabis Offense? (Self) | 10 | 18 | 35 |
| | 3. Convicted of a drug offense (Family) | 5 | 12 | 20 |
| | 3a. Convicted of Cannabis Offense (Family) | 5 | 12 | 25 |
| | | 33% | 40% | 50% |
| | 1. Affirm social equity status and 51% ownership (V) | 100 | 100 | 100 |
| Social Equity Plan Elements | 2. Affirm being issued a license will further equity goal | 25 | 100 | 100 |
| | | 5 | 10 | 10 |
| | 3. Personal or family history with criminal legal system 3a. Did you or your family member's incarceration keep | 5 | 10 | 10 |
| | you from getting employment? | 5 | 10 | 5 |
| | 3b. Did you lose custody of your children? or separation | _ | 10 | |
| | from your family? | 5 | 10 | 5 |
| | 3c. Did you lose your home or your ability to purchase a | 5 | 10 | 5 |
| | home? | | 10 | |
| | Social Equity Plan Elements Weight % of overall Scoring | 32% | 33% | 29% |
| Business Plan | 1. Executive summary, vision and mission? (V) | 50 | 50 | 40 |
| | 2. Are you a previous cannabis business | 10 | 10 | 5 |
| | owner/manager? What qualifications do you have? (V) 3. What are your diversity goals and plans for your | | | |
| | business? Tell us who you would partner with in the | 45 | 25 | 25 |
| | community? (V) | 43 | 23 | 23 |
| | 4. Labor and employment practices. What are your | | | |
| | plans for a safe working environment, living wage | 20 | 25 | 20 |
| | standards? (V) | | | |
| | Business Plan Elements Weight % of overall Scoring | 33% | 25% | 20% |
| Other Priority Criteria | 1. Do you want to apply for the Technical Assistance | | | |
| | Grant and how much do you need? | | | |
| | 2. What is the source of the majority of your funding? | | | |
| | 3. What is your personal income level? | | | |
| | Black | 10 | 10 | 5 |
| | Hispanic | | | |
| | Other Priority Weight % of overall Scoring | 2% | 2% | 1% |
| | | 100% | 100% | 100% |
| Total Score: | | 450 | 450 | 450 |